

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN THE MATTER OF:

SAN JUAN BAUTISTA MEDICAL CENTER,
CORP., a/k/a HOSPITAL SAN JUAN
BAUTISTA

Debtor in Possession

CASE NO. 11-02270

CHAPTER 11

DEBTOR'S MOTION REQUESTING THAT NOTICE OF FILING BE LIMITED
TO THE HONORABLE COURT:

COMES NOW, *SAN JUAN BAUTISTA MEDICAL CENTER, CORP., a/k/a HOSPITAL SAN JUAN BAUTISTA*, Debtor herein, through its undersigned attorney, and very respectfully states and prays as follows:

1. The above captioned debtor filed a petition under the dispositions of Chapter 11 of the Bankruptcy Code on this same date.
2. That due to the large number of creditors and parties in interest, noticing procedures take considerable time and expenses.
3. The debtor requests this Honorable Court to consider to limit the notice of all motions filed to secured creditors listed on schedules, to all parties who officially appear in the process and to the twenty (20) largest unsecured creditors, pursuant to F.R.B.P. 2002(m). Enclosed as **Exhibit 1** is copy of the twenty largest unsecured creditors.

WHEREFORE, the Debtor prays this Honorable Court to consider its requested to limit the notice of all motions and documents to be filed from this date on, to all parties

who has officially appeared in the process, to secured creditors and to the twenty (20) largest unsecured creditors.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, this 18th day of March, 2011.

NOTICE

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

I HEREBY CERTIFY that on this same date I electronically filed the foregoing through the CM/ECF system, which will send notification of such filing to the parties therein registered to receive Notice including the US Trustee and I further hereby certify that on this same date a true and exact copy of the foregoing has been send by regular mail to and to all parties who have filed a Notice of Appearance in the case at bar and who are not electronic service recipients and to all creditors and parties in interest as per the master address list herein attached.

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Carmen D. Conde Torres, Esq.
USDC No. 207312

UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

SAN JUAN BAUTISTA MEDICAL CENTER,
CORP.

In re _____, Debtor Case No. _____
Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
AEE C/O ALDARONDO & LOPEZ BRAS ALB PLAZA CARR. 199 NO. 16 SUITE 400 GUAYNABO, PR 00969			Contingent Unliquidated Disputed	21,149,936.00
DEPARTMENT OF TREASURY BANKRUPTCY DIVISION PO BOX 9024140 SAN JUAN, PR 00902-4140				6,060,709.06

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMANOS PO BOX 191020 SAN JUAN, PR 00919-1020				1,777,631.79
FONDO DEL SEGURO DEL ESTADO PO BOX 365028 SAN JUAN, PR 00936-5028				1,013,079.14
BORSCHOW HOSP. PO BOX 366211 GENERAL POST OFFICE SAN JUAN, PR 00936				994,898.95
AAA PO BOX 14580 SAN JUAN, PR 00916-4580				867,734.98
CONTINENTAL CASUALTY COMPANY PMC CCC HEALTH PRO 23453 NETWORK PLACE CHICAGO, PR 60673-1234				471,031.53
U.T.E.P. PO BOX 859 HUMACAO, PR 00792				395,881.08

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
PUERTO RICO HOSPITAL SUPPLY CALL BOX 158 CAROLINA, PR 00986-0158				377,151.50
E.M.I.C.S. ALTERNATIVE AT PO BOX 697 CANOVANAS, PR 00729				361,771.73
PREFERRED HEALTH PLAN PO BOX 23316 UPR STATION SAN JUAN, PR 00931				253,796.03
COVIDIEN GPO BOX 71416 SAN JUAN, PR 00936				234,256.00
SERVI PRO BAYAMON GARDENS H-11 CALLE CASTIGLIONI BAYAMON, PR 00957				222,743.13
PHILIPS MEDICAL SYSTEMS PR PO BOX 363954 OLD SAN JUAN STATION SAN JUAN, PR 00936-3954				180,413.33

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
INTERNAL REVENUE SERVICES PO BOX 7346 PHILADELPHIA, PA 19101-7346				178,556.23
HEALTHCARE AMBULATORY SERVICE PLAZA DEL CARMEN MALL NO. 24 CAGUAS, PR 00725				176,350.00
HATO REY MEAT MARKET GUAYAMA 153 SAN JUAN, PR 00917				154,950.57
MOVA INTERAMERICANA CALL BOX 4908 CAGUAS, PR 00726				129,053.60
GEO-MED GROUP, INC. PO BOX 6178 CAGUAS, PR 00726				120,266.46
MILLENIUM MEDICALL EMERGENCY GR PMB 171 BOX 4956 CAGUAS, PR 00726				114,992.88

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Case 11-02270-11
District of Puerto Rico
Old San Juan
Fri Mar 18 15:57:50 AST 2011

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SAN JUAN PR 00922-1857

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CALLE 25 ZZ-50
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